

Freedom Life Insurance Company of America  
300 Burnett Street, Suite 200  
Fort Worth, TX 76102-2734



JAGADEESH MALATHI KOTESWARA RAO  
259 CONGRESSIONAL LN  
ROCKVILLE, MD 20852

Dear JAGADEESH MALATHI KOTESWARA RAO,

Your personalized health plan ID cards are attached for your immediate use. Your ID cards contain important phone numbers and usage information for you and your healthcare providers/pharmacies. Please carry your ID cards with you or keep them in a safe, convenient place.

Within the next 1-2 weeks, you will receive a separate mailing which will include all of your plan documents. For your added convenience, you can view information about the plans you have selected at any time, day or night, by logging into your personal, secure portal at [www.myUSHG.com](http://www.myUSHG.com). Through this same portal, you'll be able to look up providers in your network, see your Explanations of Benefits for processed claims, print duplicate ID cards and more.

Thank you for making Freedom Life Insurance Company of America your choice for health coverage. We genuinely appreciate the opportunity to help you!

Sincerely,

Your Customer Service Team  
(866) 780-8744



Insurance underwritten by  
Freedom Life Insurance Company of America

**Control #:** 52Z0304830      **Plan #:** 78-800132

**Member #:**      **Effective:** 07/03/2023

0013335647 JAGADEESH MALATHI  
KOTESWARA RAO

**UnitedHealthcare**<sup>®</sup>  
Choice Plus Network



**Rx Bin:** 610279  
**Rx PCN:** 9999  
**Rx GRP:** USHG



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**For Members:** [www.myUSHG.com](http://www.myUSHG.com) **866-780-8744**  
**SPECIAL OPTION TO INCREASE COVERAGE:** Members may have an option to increase benefits and coverage. *Members* may call 844-451-7868 anytime or send an email request with their Control # to [myUpgrade@ushealthgroup.com](mailto:myUpgrade@ushealthgroup.com).

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**For Pharmacies:** **888-290-5416**

**For Providers:**  
Eligibility and Benefits [provider.ushealthgroup.com](http://provider.ushealthgroup.com) **866-745-8744**  
Precertification **800-999-3404**

Precertification of inpatient hospital confinements must be obtained within the time specified in your contract.

**Electronic Claims Payer ID:** 39026  
**Paper Claims Address:** UMR P O Box 30541, Salt Lake City, UT 84130-0541

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This card does not guarantee coverage. Expenses mistakenly paid under any section or provision of the contract shall not constitute a waiver of any conditions, terms, definitions or limitations contained in the contract.

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